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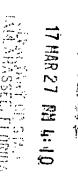
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TC	D: Registration Sec Division of Corp	ction porations		
SU				
	Obvision of Corporations UBJECT: Jeremiah 29 11-13 LLC Name of Limited Liability Company			
Th	e enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Ple	ease return all correspon	dence concerning this matter t	to the following:	
		Robert Reich		
			Name of Person	
		Jeremiah 29 11-13 LLC		
			Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		112 E merritt island CSWY	,	
			Address	
		Merritt island, FL 32952		
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	cation)
For	r further information co	ncerning this matter, please ca	ll:	
Ro	bert Reich		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enc	closed is a check for the	e following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeremiah 29 11-13 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{3/17/2017}{1}$ and assigned Florida document number L17000061761 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Robert Reich	230 Columbia Dr 117 Cape Canaveral, FL 3292	O_ ■ Add
			☐ Remove
			Change
			🗖 Add
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ective date, if other than the date of filing:	(ontional)	5
effective date is listed, the date must be specific and cannot be prior to date of filing or ne: If the date inserted in this block does not meet the applicable statutory filinument's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant requirements, this date will no	ant to 605.02 of be listed a
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	time, at 12:01 a.m. on th	e earlier
ed March 23 , 2017 .		
	e of a member	

Page 3 of 3

Filing Fee: \$25.00